



RCE

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**Effective on 12/08/2004.**

**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

## **FEE TRANSMITTAL For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 930.00)

### **Complete if Known**

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/697,261-Conf. #9217 |
| Filing Date          | October 31, 2003       |
| First Named Inventor | Kazuo OKADA            |
| Examiner Name        | S. Pandya              |
| Art Unit             | 3714                   |
| Attorney Docket No.  | SHO-0056               |

### **METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> |                       |
| Utility                 | 310                | 155                          | 510                | 255                          | 210                     | 105                          | _____                 |
| Design                  | 210                | 105                          | 100                | 50                           | 130                     | 65                           | _____                 |
| Plant                   | 210                | 105                          | 310                | 155                          | 160                     | 80                           | _____                 |
| Reissue                 | 310                | 155                          | 510                | 255                          | 620                     | 310                          | _____                 |
| Provisional             | 210                | 105                          | 0                  | 0                            | 0                       | 0                            | _____                 |

#### **2. EXCESS CLAIM FEES**

##### Fee Description

Each claim over 20 (including Reissues)

|                     |                 |
|---------------------|-----------------|
| <u>Small Entity</u> |                 |
| <u>Fee (\$)</u>     | <u>Fee (\$)</u> |

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 7                   | - 20 =              | x _____         | = _____              |

##### Multiple Dependent Claims

|                 |                      |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

HP = highest number of total claims paid for, if greater than 20.

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 3                    | - 3 =               | x _____         | = _____              |

|                 |                      |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

HP = highest number of independent claims paid for, if greater than 3.

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____               | - 100 =             | /50 = _____ (round up to a whole number) x _____        | = _____         | = _____              |

Fees Paid (\$)

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity)

|                                      |   |        |
|--------------------------------------|---|--------|
| Other (e.g., late filing surcharge): | 1251 Extension for response within first month            | 120.00 |
|                                      | 1801 Request for continued examination (RCE) (see 37 ...) | 810.00 |

#### **SUBMITTED BY**

|                   |   |                                      |        |           |                |                  |
|-------------------|---|--------------------------------------|--------|-----------|----------------|------------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 29,211 | Telephone | (202) 955-3750 |                  |
| Name (Print/Type) | Carl Schaukowitch   |                                      |        |           | Date           | October 17, 2007 |